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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005105

1. Corporation Name
CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC

Principal Place of Business 4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166	Mailing Address 4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/17/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0542781
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSON, LEWIS 4349 NW 36TH STREET, #104 MIAMI FL 33166		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	JOHNSON, LEWIS	1.2 NAME	LOUIS TEMPLE
STREET ADDRESS	4349 NORTHWEST 36 STREET, SUITE 104	1.3 STREET ADDRESS	P.O. BOX 530079
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI SHORES FL 33153
TITLE	SVP	2.1 TITLE	DIRECTOR
NAME	DEITCH, EVELYN	2.2 NAME	NORMA IMMKE
STREET ADDRESS	9727 HAMMOCKS BLVD. #203	2.3 STREET ADDRESS	1123 SW 93 ST
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	TD	3.1 TITLE	
NAME	BASS, BERENICE B	3.2 NAME	
STREET ADDRESS	10905 SW 112TH AVE APT 306	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MYSKIW, HELEN	4.2 NAME	
STREET ADDRESS	15030 SW 43 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STEPHEN, KLEIN	5.2 NAME	
STREET ADDRESS	1530 SW 1ST AVE., #4-C	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	SARSICH, LOUIS	6.2 NAME	
STREET ADDRESS	270 NW 51ST AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)